

**Application Data Sheet**

**Application Information**

Application number::  
Filing Date:: 07/23/04  
Application Type:: Provisional  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: GLYCOPEGYLATED ERYTHROPOIETIN  
Attorney Docket Number:: 40853-01-5142P2  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Shawn  
Middle Name::  
Family Name:: DeFrees  
Name Suffix::  
City of Residence:: North Wales  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of Mailing Address:: 126 Filly Drive  
City of Mailing Address:: North Wales  
State or Province of mailing address:: PA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 19454

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: J.  
Family Name:: Bayer  
Name Suffix::  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 6105 Dirac Street  
City of Mailing Address:: San Diego  
State or Province of mailing address:: CA  
Country of mailing address:: US

**Postal or Zip Code of mailing address::** 92122

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** David  
**Middle Name::** A.  
**Family Name::** Zopf  
**Name Suffix::**  
**City of Residence::** Wayne  
**State or Province of Residence::** PA  
**Country of Residence::** US  
**Street of Mailing Address::** 560 Beechtree Lane  
**City of Mailing Address::** Wayne  
**State or Province of mailing address::** PA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 19087

#### **Correspondence Information**

**Correspondence Customer Number::** 43850

#### **Representative Information**

**Representative Customer Number::** 43850

#### **Domestic Priority Information**

**Application::** Continuity Type:: Parent Application:: Parent Filing Date::

#### **Foreign Priority Information**

**Country::** Application number:: Filing Date::

**Assignee Information**

**Assignee Name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing address::**